

2009 DRAFTING REQUEST

Bill

Received: **10/15/2009**

Received By: **pkahler**

Wanted: **As time permits**

Identical to LRB:

For: **Jon Erpenbach (608) 266-6670**

By/Representing: **Kelly Johnson-Becker**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Erpenbach@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Rrequire insurers to pay providers if benefits are assigned

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 10/19/2009	jdye 10/22/2009		_____			
/P1			rschluet 10/22/2009	_____	mbarman 10/22/2009		
/1	pkahler 11/18/2009	jdye 11/18/2009	mduchek 11/20/2009	_____	sbasford 11/20/2009	cdurst 12/14/2009	

FE Sent For: **NONE**

<END>

2009 DRAFTING REQUEST

Bill

Received: **10/15/2009**

Received By: **pkahler**

Wanted: **As time permits**

Identical to LRB:

For: **Jon Erpenbach (608) 266-6670**

By/Representing: **Kelly Johnson-Becker**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Erpenbach@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Rrequire insurers to pay providers if benefits are assigned

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 10/19/2009	jdyer 10/22/2009		_____			
/P1			rschluet 10/22/2009	_____	mbarman 10/22/2009		
/1	pkahler 11/18/2009	jdyer 11/18/2009	mduchek 11/20/2009	_____	sbasford 11/20/2009		

FE Sent For:

<END>

2009 DRAFTING REQUEST

Bill

Received: 10/15/2009

Received By: pkahler

Wanted: As time permits

Identical to LRB:

For: Jon Erpenbach (608) 266-6670

By/Representing: Kelly Johnson-Becker

This file may be shown to any legislator: NO

Drafter: pkahler

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies:

Submit via email: YES

Requester's email: Sen.Erpenbach@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Rrequire insurers to pay providers if benefits are assigned


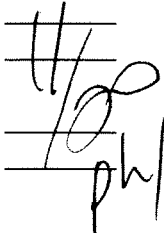
Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
--------------	----------------	-----------------	--------------	----------------	------------------	-----------------	-----------------

/?	pkahler 10/19/2009	jdye 10/22/2009					
----	-----------------------	--------------------	--	--	--	--	--

/P1			rschluet 10/22/2009		mhanan 10/22/2009		
-----	--	---	------------------------	---	----------------------	--	--

FE Sent For:

 11/18 <END>

2009 DRAFTING REQUEST

Bill

Received: 10/15/2009

Received By: pkahler

Wanted: As time permits

Identical to LRB:

For: Jon Erpenbach (608) 266-6670

By/Representing: Kelly Johnson-Becker

This file may be shown to any legislator: NO

Drafter: pkahler

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies:

Submit via email: YES

Requester's email: Sen.Erpenbach@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Rrequire insurers to pay providers if benefits are assigned

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler	PI 10/21/09	10/22	10/22			

FE Sent For:

<END>

Kahler, Pam

From: Johnson, Kelly
Sent: Thursday, October 15, 2009 2:40 PM
To: Kahler, Pam
Subject: Assignment of Benefits Legislation

Attachments: AOB Coalition Bill Draft Final Oct 09 (2).DOC

Hi Pam:

Here is what we received as their interpretation of what the proposal would look like, but in short it is a coalition of health providers (med society, hospitals, chiropractors, dentists, etc.) who came to us asking for legislation that would require insurers to honor a patient's request to issue payment directly to providers when the patient has signed an authorization for the assignment of benefits.

Thank you very much!!

Kelly



AOB Coalition Bill
Draft Final...

Kelly Johnson-Becker

Office of State Senator Jon Erpenbach
State Capitol
Room 8 South
Madison, WI 53707
PH: (608) 266-6670; (888) 549-0027
FX: (608) 266-2508

2009 _____ **BILL** _____

October 12, 2009 - Introduced by _____

AN ACT to create 632.874 of statutes; **relating to:** direct payment to a health care provider.

Analysis by the Legislative Reference Bureau

This bill requires an insurer that provides coverage of health care expenses to pay a health care provider directly for any covered services the provider provides to an insured who has assigned to the provider his or her claim for payment, reimbursement, or benefits

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 632.874 of the statutes is created to read:

632.874 Payments to health care providers. (1) DEFINITIONS. In this section:

(a) "Assignment of benefits" means any written instrument signed by an insured or the authorized representative of an insured which assigns to a nonparticipating health care provider the insured's claim for payment, reimbursement, or benefits under a health care plan. A copy of such instrument shall be as valid as the original.

(b) "Health care provider" has the meaning given in s. 146.81.

(c) "Health care plan" has the meaning given in s. 628.36.

(d) "Nonparticipating" means a health care provider that is not under contract with the insurer to provide health care services, items or supplies to insureds of the insurer.

BILL _____

(2) REQUIREMENT TO HONOR ASSIGNMENT. Subject to any health care plan terms other than a limitation on an assignment of benefits, an insurer under a health care plan shall pay a nonparticipating health care provider directly for any covered services, items or supplies the health care provider provides to an insured under the health care plan when the health care provider has provided the insurer with an assignment of benefits with respect to such services, items or supplies.

7 (END)



State of Wisconsin
2009 - 2010 LEGISLATURE

LRB-3691/

PI

PJK:.....

jld

LPS-check auto
refs please

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

(in 10-19)

D-note

gen cost

✓

1

AN ACT; relating to: requiring an insurer to make payment directly to a

2

provider who provides the insurer with an assignment of benefits. ✓

Analysis by the Legislative Reference Bureau

* This bill requires an insurer that has issued a group or individual health insurance policy (each called a policy) in the statutes to pay a health care provider (provider) directly for a service, item, or supply that the provider provides to an insured under the health insurance policy if the service, item, or supply is covered under the health insurance policy; the provider is not under contract with the insurer to provide services, items, or supplies to the insurer's insureds; and the provider provides to the insurer an assignment of benefits signed by the insured with respect to the provider and to the service, item, or supply. ✓ The bill defines an assignment of benefits as a written instrument signed by an insured or the insured's authorized representative that assigns to a provider the insured's claim for payment, reimbursement, or benefits under a health insurance policy. ✓

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3

SECTION 1. 632.723 of the statutes is created to read:

4

632.723 Direct payment to health care provider. (1) In this section: ✓

(a) "Assignment of benefits" means a written instrument signed by an insured, or the authorized representative of an insured, that assigns to a health care provider

the insured's claim for payment, reimbursement, or benefits under a health care

plan disability insurance policy

(b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(c) "Health care provider" has the meaning given in s. 146.81 (1).

(d) "Nonparticipating provider" means a health care provider that is not under contract with the insurer to provide health care services, items, or supplies to insureds of the insurer.

(2) An insurer issuing a group or individual disability insurance policy shall pay a nonparticipating provider directly for a service, item, or supply that the nonparticipating provider provides to an insured under the disability insurance policy and for which there is coverage under the disability insurance policy if the nonparticipating provider provides to the insurer an assignment of benefits, signed by the insured, with respect to the nonparticipating provider and to the service, item, or supply. An assignment of benefits in its original form or a legible photocopy or electronic facsimile copy of an assignment of benefits is presumed to be valid.

SECTION 2. Initial applicability.

(1) Except as provided in subsection (2), this act first applies to payments for services, items, and supplies that are provided on the effective date of this subsection.

(2) If a disability insurance policy that is in effect on the effective date of this subsection contains a provision that is inconsistent with this act, this act first applies

1 to payments under the disability insurance policy[✓] for services, items, and supplies
2 that are provided on the date on which the disability insurance policy is renewed.[✓]

3 (END)

D. note

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

date

LRB-3691/8dn

PJK:.....

jld

Do you want to limit the application of the bill to fee-for-service[✓] plans?

I have not included any cross-references[✓] in this version of the bill. Do you want[✓] the requirement to apply to state and local government plans under s. 40.51 (8)[✓] and (8m), local government self-insured plans under s. 66.0137 (4)[✓], school district plans under s. 120.13 (2) (g)[✓], cooperative sickness care plans under s. 185.981[✓], and defined network plans, limited service health organizations, and preferred provider plans under ch. 609?[✓]

Do you envision that each assignment of benefits[✓] will be specific both to the actual service, item, or supply provided and to the provider, as drafted[✓], or specific only to the provider, so that[✓] an insured will sign just one assignment of benefits for a provider and not each time a service, item, or supply is provided?

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3691/P1dn
PJK:jld:rs

October 22, 2009

Do you want to limit the application of the bill to fee-for-service plans?

I have not included any cross-references in this version of the bill. Do you want the requirement to apply to state and local government plans under s. 40.51 (8) and (8m), local government self-insured plans under s. 66.0137 (4), school district plans under s. 120.13 (2) (g), cooperative sickness care plans under s. 185.981, and defined network plans, limited service health organizations, and preferred provider plans under ch. 609?

Do you envision that each assignment of benefits will be specific both to the actual service, item, or supply provided and to the provider, as drafted, or specific only to the provider, so that an insured will sign just one assignment of benefits for a provider and not each time a service, item, or supply is provided?

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

Kahler, Pam

From: Johnson, Kelly
Sent: Tuesday, November 17, 2009 1:30 PM
To: Kahler, Pam
Subject: FW: Assignment of Benefits

Please see below regarding LRB 3691

From: Maroney Lisa A [mailto:LMaroney@uwhealth.org]
Sent: Tuesday, November 17, 2009 1:21 PM
To: Johnson, Kelly
Cc: Mara Brooks; Leitch, Laura; Peter C. Christianson; Mark Grapentine; Michelle Leiker; Thomas E. Moore; Borgerding, Eric
Subject: Assignment of Benefits

Kelly,

Thanks so much for your help on the assignment of benefit draft bill. The language is very close – we appreciate Pam's work on this bill and her help fine tuning the proposal. We have the following responses to her questions in the LRB 3691/P1 drafter's notes:

- ✓ • Do you want to limit the application of the bill to fee-for-service plans?

No, we do not want the bill limited to fee-for-service plans.

- ✓ • Do you want the requirements to apply to state and local government plans under s. 40.51(8) and (8m), local government self-insured plans under s. 66.0137(4), school district plans under s. 120.13(2)(g)?

We do not want the requirement to apply to government plans.

- ✓ • Do you want the requirement to apply to cooperative sickness plans under s. 185.981, and defined network plans, limited service health organizations, and preferred provider plans under ch. 609?

Our intent is for the requirement to apply to these plans. Our question for Pam: Is the reference to "disability insurance policies" in s. 632.895(1)(a) broad enough to include those plans or should the bill include the requirement in ch. 609 as well?

- ✓ • Do you envision that each assignment of benefits will be specific both to the actual service, item, or supply provided and to the provider, as drafted, or specific only to the provider, so that an insured will sign just one assignment of benefits for a provider and not each time a service, item, or supply is provided?

Our intent is for an insured or an insured's representative to sign just one assignment of benefits for a provider generally and not each time a service, item, or supply is provided. Would the following changes accomplish this intent?

Page 2, line 3: Add "s" to "claim."

Page 2, line 11: Change "directly for a service, item, or supply ..." to "directly for any service, item, or supply ..."

Page 2, lines 15 – 16: Delete, "and to the service, item, or supply".

- Question for Pam: On page 2, lines 14-15, should "signed by the insured" be deleted since the "assignment of benefit" definition includes the requirement that the instrument be signed by an insured or

the authorized representative of an insured?

Again, thank you for your help on what is a very important issue for all of our members.

Lisa Maroney
UW Health
State Legislative Liaison
(608)265-1653
(608)206-5829 cell
635 Science Drive, Suite 150
Madison, WI 53711



State of Wisconsin
2009 - 2010 LEGISLATURE

LRB-3691/1

PJK:jld:rs

r mian

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

D-use

- ✓ regenerate ↓
- 1 AN ACT *to create* 632.723 of the statutes; **relating to:** requiring an insurer to
- 2 make payment directly to a provider who provides the insurer with an
- 3 assignment of benefits. ✓

Analysis by the Legislative Reference Bureau

→ This bill requires an insurer that has issued a group or individual health insurance policy (each called a "disability insurance policy" in the statutes) to pay a health care provider (provider) directly for ^{any} service, item, or supply that the provider provides to an insured under the health insurance policy if: the service, item, or supply is covered under the health insurance policy; the provider is not under contract with the insurer to provide services, items, or supplies to the insurer's insureds; and the provider provides to the insurer an assignment of benefits ^{from} signed by the insured with respect to the provider and to the service, item, or supply. The bill defines an assignment of benefits as a written instrument signed by an insured or the insured's authorized representative that assigns to a provider the insured's claim for payment, reimbursement, or benefits under a health insurance policy.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

- 4 SECTION 1. 632.723 of the statutes is created to read:
- 5 **632.723 Direct payment to health care provider.** (1) In this section:

Insert 1-4 ✓

(a) "Assignment of benefits" means a written instrument signed by an insured, or the authorized representative of an insured, that assigns to a health care provider the insured's claim for payment, reimbursement, or benefits under a disability insurance policy.

(b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(c) "Health care provider" has the meaning given in s. 146.81 (1).

(d) "Nonparticipating provider" means a health care provider that is not under contract with the insurer to provide health care services, items, or supplies to insureds of the insurer.

(2) An insurer issuing a group or individual disability insurance policy shall pay a nonparticipating provider directly for ^{any} (a) service, item, or supply that the nonparticipating provider provides to an insured under the disability insurance policy and for which there is coverage under the disability insurance policy if the nonparticipating provider provides to the insurer an assignment of benefits, ^{from} signed by the insured, with respect to the nonparticipating provider and to the service, item, or supply. An assignment of benefits in its original form or a legible photocopy or electronic facsimile copy of an assignment of benefits is presumed to be valid.

SECTION 2. Initial applicability.

(1) Except as provided in subsection (2), this act first applies to payments for services, items, and supplies that are provided on the effective date of this subsection.

(2) If a disability insurance policy that is in effect on the effective date of this subsection contains a provision that is inconsistent with this act, this act first applies

1 to payments under the disability insurance policy for services, items, and supplies
2 that are provided on the date on which the disability insurance policy is renewed.

3 (END)

D-10

**2009-2010 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3691/lins
PJK:.....

INSERT 1-4

SECTION 1. 185.981 (4t) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

185.981 (4t) A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.723, 632.745 to 632.749, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.885, 632.895 (10) to (17), and 632.897 (10) and chs. 149 and 155.

NOTE: NOTE. Sub. (4t) is shown as amended eff. 1-1-10 by 2009 Wis. Acts 14 and 28. Prior to 1-1-10 it reads as follows. The correct cross-references are shown in brackets. NOTE:

(4t) A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), and (5) [s. 632.87 (2m), (3), (4), (5), and (6)], 632.895 (10) to (15), and 632.897 (10) and chs. 149 and 155.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 203; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28.

SECTION 2. 185.983 (1) (intro.) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.723, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.885, 632.895 (5) and (9) to (17), 632.896, and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association shall:

NOTE: NOTE. Sub. (1) (intro.) is shown as amended eff. 1-1-10 by 2009 Wis. Acts 14 and 28. Prior to 1-1-10 it reads as follows. The correct cross-references are shown in brackets. NOTE:

(1) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), and (5) [s. 632.87 (2m), (3), (4), (5), and (6)], 632.895 (5) and (9) to (15), 632.896, and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association shall:

History: 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060f, 3202 (30); 1987 a. 27, 325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 39, 189, 250, 269, 315; 1993 a. 450, 481, 482; 1995 a. 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28.

SECTION 3. 609.71 of the statutes is created to read:



Ins 1-4 contd

- 1 **609.71 Direct payment under assignment of benefits.** ✓ Limited service
2 health organizations, preferred provider plans, ✓ and defined network plans ✓ are
3 subject to s. 632.723. ✓

(END OF INSERT 1-4)

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3691/1dn

PJK:...

date

jld *tr is run*

Thank you for the very clear redraft instructions.✓

In answer to the question concerning whether it is necessary to include a cross-reference✓ to the requirement in ch. 609 (and in ch. 185),✓ technically it would not be necessary to include the cross-reference in ch. 609 or in s. 185.981 (4t),✓ but since the insurance requirements that apply to defined network plans and cooperative sickness care plans have historically been included as cross-references,✓ I wouldn't want the lack of a cross-reference to be taken to mean that the requirement in s. 632.723 does not apply. The cross-reference in s. 185.983 (1) (intro.),✓ however, is necessary.

In answer to the question about whether the phrase "signed by *the* insured" should be deleted from s. 632.723 (2),✓ because it is included in the definition of "assignment of benefits," I thought it would be best to keep the phrase since the definition refers to the instrument being "signed by *an* insured." However, since the assignment of benefits may also be signed by the insured's representative,✓ upon further thought I decided to modify the language so that the assignment of benefits is from the insured to the provider.✓

I did not change "claim" to "claims" in the definition of "assignment of benefits" because not all of an insured's claims under a policy would relate to the same health care provider.✓ Also, under s. 990.001 (1),✓ the singular form of a word includes the plural.

Although you do not want to specify that the requirement applies to✓ government plans, I did not explicitly exclude them.✓ I assume you would not have a problem with a government plan complying with the requirement if that occurred.✓

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3691/1dn
PJK:jld:md

November 20, 2009

Thank you for the very clear redraft instructions.

In answer to the question concerning whether it is necessary to include a cross-reference to the requirement in ch. 609 (and in ch. 185), technically it would not be necessary to include the cross-reference in ch. 609 or in s. 185.981 (4t), but since the insurance requirements that apply to defined network plans and cooperative sickness care plans have historically been included as cross-references, I wouldn't want the lack of a cross-reference to be taken to mean that the requirement in s. 632.723 does not apply. The cross-reference in s. 185.983 (1) (intro.), however, is necessary.

In answer to the question about whether the phrase "signed by *the* insured" should be deleted from s. 632.723 (2) because it is included in the definition of "assignment of benefits," I thought it would be best to keep the phrase since the definition refers to the instrument being "signed by *an* insured." However, since the assignment of benefits may also be signed by the insured's representative, upon further thought I decided to modify the language so that the assignment of benefits is from the insured to the provider.

I did not change "claim" to "claims" in the definition of "assignment of benefits" because not all of an insured's claims under a policy would relate to the same health care provider. Also, under s. 990.001 (1), the singular form of a word includes the plural.

Although you do not want to specify that the requirement applies to government plans, I did not explicitly exclude them. I assume you would not have a problem with a government plan complying with the requirement if that occurred.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

Kahler, Pam

From: Becker, Kelly
Sent: Monday, December 14, 2009 12:37 PM
To: Kahler, Pam
Subject: LRB 3691

This LRB (3691) is ready for jacketing please!
Thanks

Kelly Becker
Office of State Senator
JON ERPENBACH
27th District
Ph: 608-266-6670
Fax: 608-266-2508